

3308Z

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

Estimated average burden hours per response......16.00

SEC USE ONLY							
Prefix	1	Serial					
DA	TE RECEIV	ED					

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering ( check if this is an amendment	and name has ch	anged, and indicate	change.)		
Series B Preferred Stock Financing					
Filing Under (Check box(es) that apply):	Rule 504	Rule 505	☐ Rule 506	Section 4(6)	ULOE
Type of Filing: ☑ New Filing ☐ Amendment					
		ENTIFICATION I	DATA		
1. Enter the information requested about the issu	er				
Name of Issuer ( check if this is an amendment and	i name has chan	ged, and indicate ch	ange.)		
GiQuila Corporation			_		
Address of Executive Offices	(Number	Street, City, State, Z	(ip Code)	Telephone Number (i	including Area Code)
4701 Patrick Henry Drive, Suite 2311	Santa Cla	ra, CA 95054		(408) 588	-0100
Address of Principal Business Operations	(Number	Street, City, State, Z	Lip Code)	Telephone Number (i	including Area Code)
(if different from Executive Offices)				/	
4701 Patrick Henry Drive, Suite 2311	Santa Cla	ra, CA 95054	[	(408) 588	-0100
Brief Description of Business				7	
Type of Business Organization				(VDE	OCESSED
□ corporation    □ limited pa	rtnership, alread	ly formed [	other (please s	pecify):	10000
☐ business trust ☐ limited pa	rtnership, to be	formed			ROCESSED JUN 2 2 2005
	Month			<del></del>	JUN E E ZOUL
Actual or Estimated Date of Incorporation or Organiz	zation 0 4	0 2		☐ Estimated	THUMSON
Jurisdiction of Incorporation or Organization: (Enter				Estimated	HOMSON
		N for other foreign ju			FINANCIAL
<u> </u>		to outer to ording		CA	
GENERAL INSTRUCTIONS					

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

A, BASIC IDENTIF	ICATION DATA	-,			
2. Enter the information requested for the following:					
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the</li> <li>Each beneficial owner having the power to vote or dispose, or direct the</li> <li>Each executive officer and director of corporate issuers and of corporate</li> <li>Each general and managing partner of partnership issuers.</li> </ul>	e vote or disposition of, 10% of				
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner	Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if individual) Cai, Mike	***************************************		,,,,,		A CONTRACTOR OF THE PROPERTY O
Business or Residence Address (Number and Street, City, State, Zip Code)					
c/o GiQuila Corporation, 4701 Patrick Henry Drive, Suite 2311, Santa Clara,	CA 95054				<u></u>
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	$\boxtimes$	Director		General and/or Managing Partner
Full Name (Last name first, if individual) Sutardja, Sehat					
Business or Residence Address (Number and Street, City, State, Zip Code)					
c/o Marvell Semiconductor, Inc., 700 First Avenue, Sunnyvale, CA 94089					
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer	×	Director		General and/or Managing Partner
Full Name (Last name first, if individual) Pai, Nai-Yu					
Business or Residence Address (Number and Street, City, State, Zip Code)				_	
c/o Pai Accountancy LLP, 3031 Tisch Way, Suite 603, San Jose, CA 95128					
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual) Estopia LLC					
Business or Residence Address (Number and Street, City, State, Zip Code)					
c/o Marvell Semiconductor, Inc., 700 First Avenue, Sunnyvale, CA 94089					
Check Box(es) that Apply: Promoter Beneficial Owner	☐ Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Fortune Holdings Investment Ltd.					
Business or Residence Address (Number and Street, City, State, Zip Code)					
12/F, 156 Ming Sheng East Road, Section 3, Taipei 105, Taiwan					<u> </u>
Check Box(es) that Apply: Promoter Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual) Instilink Co., Ltd.					
Business or Residence Address (Number and Street, City, State, Zip Code)					
7 Fl. No. 420, Fusing N. Rd., Taipei, Taiwan			<u> </u>		
Check Box(es) that Apply:  Promoter Beneficial Owner	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
C Squared Venture Capital Inc.					- · · · · · · · · · · · · · · · · · · ·
Business or Residence Address (Number and Street, City, State, Zip Code)					
8F, 301, Sec 2, Ti-Ding Blvd., Neihu District, Taipei 114, Taiwan  (Use blank sheet, or copy and use addition	onal copies of this sheet, as n	ecessary	·.)		

	B. INFORMATION ABOUT OFFERING									
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE	Yes	No							
2.	· · · · · · · · · · · · · · · · · · ·									
3.	3. Does the offering permit joint ownership of a single unit?									
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.										
Full Name (Last name first, if individual)										
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)									
Nar	ne of Associated Broker or Dealer									
Stat	es in Which Persons Listed Has Solicited or Intends to Solicit Purchasers									
	(Check "All States" or check individual States)	🔲 All S	States							
All III M'	IN IA KS KY LA ME MD MA MI MN  NE NV NH NJ NM NY NC ND OH OK	HI MS OR WY	ID MO PA PR							
	Name (Last name first, if individual) iness or Residence Address (Number and Street, City, State, Zip Code)									
Nar	ne of Associated Broker or Dealer									
Stat	es in Which Persons Listed Has Solicited or Intends to Solicit Purchasers	<u> </u>								
	(Check "All States" or check individual States)	All S	States							
II M'	IN IA KS KY LA ME MD MA MI MN NE NV NH NJ NM NY NC ND OH OK	MS OR WY	MO PA PR							
Full	Name (Last name first, if individual)									
Bus	iness or Residence Address (Number and Street, City, State, Zip Code)									
Nar	ne of Associated Broker or Dealer									
Stat	es in Which Persons Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	[] All S	Stotes							
II M R	IN IA KS KY LA ME MD MA MI MN  T NE NV NH NJ NM NY NC ND OH OK	MS OR WY	MO PA PR							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	F PROCEEDS			
1.	Enter the aggregate offering price of securities included in this Offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregate Offering Price		An	nount Already Sold
	Debt	\$		\$	
	Equity			\$	4,000,000.00
	☐ Common ☐ Preferred			_	
	Convertible Securities (including warrants)	\$		\$_	
	Partnership Interests			\$	
	Other (Specify)			\$_	
	Total	\$ 4,000,000.00		\$_	4,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number			Aggregate
		Investors		Do	ollar Amount f Purchases
	Accredited Investors	17		\$_	4,000,000.00
	Non-accredited Investors			_	0.00
	Total (for filings under Rule 504 only)			\$_	
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	Type of		D.	ollar Amount
	Type of Offering	Type of Security		D	Sold
	Rule 505	Series B Preferred		\$	4,000,000.00
	Regulation A			\$	
	Rule 504			\$	
	Total			\$_	4,000,000.00
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fee		]	\$_	
	Printing and Engraving Costs			\$_	
	Legal Fees	🗵		\$_	25,000.00
	Accounting Fees			\$_	
	Engineering Fees		]	\$_	
	Sales Commissions (specify finders' fees separately)			\$_	
	Other Expenses (identify) Securities Compliance	<u>D</u>	3	\$_	300.00
	Total	<u>D</u>		\$_	25,300.00
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$_	3,974,700.00

Salaries and fees  Purchase of real estate	Payments t Officers, Directors, & Affiliates	
	•	
	A CC1:-4	& Payment to
Purchage of real estate		
	🗆 \$	\$
Purchase, rental or leasing and installation of machinery		
and equipment		
Construction or leasing of plant buildings and facilities	S	\$
Acquisition of other businesses (including the value of securities involved in this		
offering that may be used in exchange for the assets or securities of another		
issuer pursuant to a merger)		
Repayment of indebtedness		
Working capital		<b>∑</b> \$ <b>3</b> ,974,700.00
Other (Specify)		
	🗆 \$	\$
Column Totals		
Total Payments Listed (column totals added)		3,974,700.00
Issuer (Print or Type)  GiQuila Corporation  Name of Signer (Print or Type)  Signature  Mile of Signer (Print or Type)  Title of Signer (Print or Type)	Date Jun	u 16, 200 5
Mike M. Cai President		
ATTENTION		

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for

		The same of the sa								
		E. STATE SIGNATURE	:							
1.	Is any party described in 17 CFR 230.262 presently provisions of such rule?		Yes	No ⊠						
	Se	e Appendix, Column 5, for state response.								
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (I CFR 239.500) at such times as required by state law.									
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	e issuer has read this notification and knows the contendent horized person.	ents to be true and has duly caused this notice to be signed	on its bel	half by the undersigned duly						
Issi	uer (Print or Type)	Signature	Date							
	Quila Corporation	(flile In. Can	6	-16-05						
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)								

President

# Instruction:

Mike M. Cai

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				A	PPENDIX				
1	Intend to non-a investor	d to sell ccredited s in State Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Number of	Type of investor and amount purchased in State (Part C-Item 2)				ification ate ULOE attach ation of granted) -Item 1)
State	Yes	No	Series B Preferred Stock	Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ									
AR									
CA		х	\$1,600,000.00	8	\$1,600,000.00	0	\$0.00		х
со				**************************************					
СТ									
DE									
DC		Х	\$50,000.00	1	\$50,000.00	0	\$0.00		Х
FL									
GA								1	
HI				<del></del> -					
ID									
IL				······································			<del> </del>		
IN									
IA								ļ	
KS									
KY									
LA					) 			-	
ME				<del> </del>					
MD	<u> </u>								
MA								<del> </del>	
MI								-	
MN									
MS		-							
МО									
MT									
NE		<u> </u>					·	<u> </u>	<u> </u>

NV						
NH						
NJ						
NM						
NY					<del>.</del>	
NC						
ND	_					
ОН	-					
ок						
OR						
PA						
RI			 		·	
sc						
SD					-	
TN					· · · -	 
TX				<u></u>		 
UT						
VT						 
VA						
WA						
wν						
WI		! 				
WY					_	
PR						